

UNITED STATES DISTRICT COURT

for the

Southern District of Texas

United States Court
Southern District of Texas
FILED

JUN 15 2018

David J. Bradley, Clerk of Court

United States of America
v.
ANTHONY CHUKWUDI NWOSAH

Case No.

H18-0975M

Defendant(s)

CRIMINAL COMPLAINT

I, the complainant in this case, state that the following is true to the best of my knowledge and belief.

On or about the date(s) of February 21, 2012 - July 19, 2017 in the county of Harris in the
Southern District of Texas, the defendant(s) violated:*Code Section**Offense Description*Title 18 U.S.C. Section 1349
Title 18 U.S.C. Section 1347Conspiracy to commit health care fraud
Health Care Fraud

This criminal complaint is based on these facts:

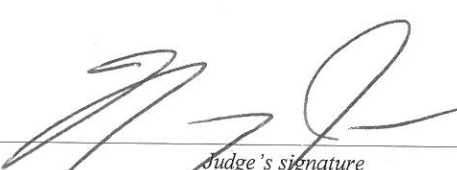
See attached Affidavit, incorporated by reference as if fully described herein.

☒ Continued on the attached sheet.
Complainant's signature

Erin Whittington, Special Agent

Printed name and title

Sworn to before me and signed in my presence.

Date: 6-15-18City and state: Houston, Texas
Judge's signature

Nancy K. Johnson, U.S. Magistrate Judge

Printed name and title

**THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF TEXAS
HOUSTON DIVISION**

AFFIDAVIT IN SUPPORT OF CRIMINAL COMPLAINT

I, Erin Whittington, being duly sworn upon my oath, state as follows:

AFFIANT EXPERIENCE AND EMPLOYMENT

1. I am a Special Agent with the Department of Health and Human Services Office of Inspector General (HHS-OIG). I have been so employed since June 2007. I have training and experience in investigating violations of federal criminal law with an emphasis on health care fraud. The facts set forth in this affidavit are based upon my personal observations, my training and experience, and information relayed to me by other law enforcement officials.

PURPOSE OF AFFIDAVIT

2. This affidavit is intended to support a criminal complaint for arrest, and does not set forth all of my knowledge about this matter.

3. Based on affiant's investigation into ANTHONY CHUKWUDI NWOSAH ("NWOSAH") owner of ROSENBERG EMS Corp. ("ROSENBERG"), it is affiant's belief that NWOSAH has engaged in violations of federal criminal law, including violations of Title 18, United States Code, Section 1349 (conspiracy to commit health care fraud), and Title 18, United States Code, Section 1347 (health care fraud).

BACKGROUND INFORMATION ON MEDICARE AMBULANCE SERVICES

4. Medicare Part B, also known as supplemental medical insurance, paid for a variety of health care benefits, items, and services for qualified individuals enrolled in the Medicare program. An individual who enrolled in the Medicare program received a Medicare beneficiary number.

5. Medically necessary and reasonable ambulance services were a covered benefit when they were provided to enrolled beneficiaries under certain circumstances. Specifically, Medicare intended to pay for non-emergency ambulance transportation services only when a beneficiary at the time of transport could not be transported by any other means, such as taxi, private automobile, wheelchair van, or other vehicle, without endangering the individual's health. Additionally, Medicare intended to pay for non-emergency ambulance services only for bed-confined beneficiaries who could not get up from bed without assistance, who could not ambulate (walk), and who could not sit in a chair or wheelchair, before, during, and after the transport.

6. Medicare required enrolled health care providers to use the Healthcare Common Procedure Coding System ("HCPCS") to process claims in an orderly and consistent manner. The HCPCS code for basic life support, non-emergency ambulance transportation was A0428. The HCPCS code for ambulance mileage was A0425.

PROBABLE CAUSE FOR COMPLAINT

7. Affiant's belief that NWOSAH has engaged in violations of federal criminal law, including conspiracy to commit health care fraud and health care fraud are based on the following facts and information:

8. Medicare business records show that NWOSAH became an owner of ROSENBERG on or about February 21, 2012. They also show that NWOSAH applied for a Medicare provider number for ROSENBERG on or about January 22, 2013. In applying for the Medicare provider number NWOSAH signed the Medicare Section 15 Certification agreeing not to submit false and fraudulent claims on at least two occasions.

9. Interviews with Medicare beneficiaries, including “R.B.” “C.B.” “D.E.” “P.F.” “J.G.” and “P.K.” revealed that NWOSAH submitted and caused to be submitted to Medicare included claims for:

- a. Medicare beneficiaries who were transported by vans and not transported by ambulance;
- b. Medicare beneficiaries who could safely be transported by non-ambulance vehicles;
- c. Medicare beneficiaries who were not bed-confined.

10. Interviews with licensed EMT “I.A.,” whose name appeared on ROSENBERG patient ambulance “run sheets” revealed that “I.A.” did not work for ROSENBERG and his name had been forged on hundreds of fake patient records.

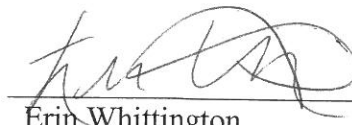
11. Interviews with a licensed EMT “J.W.” whose name appeared on ROSENBERG patient ambulance “run sheets” revealed that “J.W.” had created hundreds of fake patient records at the direction of NWOSAH.

12. Review of hundreds of ROSENBERG ambulance “run sheets” revealed that the Medicare beneficiaries for whom NWOSAH submitted ambulance transport claims did not sign the ambulance “run sheets,” indicating receipt of the services.

13. Review of the ROSENBERG Medicare claims data revealed that NWOSAH billed Medicare and caused Medicare to be billed approximately \$3,017,394.00 for ambulance transport services allegedly provided between January 7, 2013 and June 5, 2015, for approximately 19 Medicare beneficiaries. NWOSAH received approximately \$1,094,260.00 as payment for those claims.

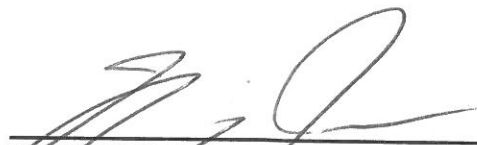
CONCLUSION

14. Based on the evidence gathered during the investigation and the aforementioned facts, affiant states there is probable cause to believe, and does believe, that ANTHONY CHUKWUDI NWOSAH , along with others known and unknown, has violated Title 18, United States Code, Section 1349 (conspiracy to commit health care fraud) and Title 18, United States Code, Section 1347 (health care fraud) and respectfully requests the Court issue an arrest warrant upon a finding of probable cause.



Erin Whittington
Special Agent
HHS-OIG

Sworn to and Subscribed before me this 15th, day of June, 2018,
and I find Probable Cause.



NANCY K. JOHNSON
United States Magistrate Judge
Southern District of Texas